

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 09-29-03.

The IRO reviewed spray and stretch, therapeutic exercises, aquatic therapy, massage therapy, and office visits rendered from 04-30-03 through 06-23-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for spray and stretch, therapeutic exercises, aquatic therapy, massage therapy, and office visits. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 12-17-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The requestor did not respond in accordance with Rule 133.307(l) to confirm services were rendered for dates of service 04-14-03 through 04-30-03, 05-19-03, 05-21-03, 05-22-03, 05-27-03, 05-28-03, 05-29-03, 06-02-03, 06-04-03, 06-11-03, and 06-12-03. Therefore reimbursement is not recommended.

This Decision is hereby issued this 20th day of January 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 04-30-03 through 06-23-03 in this dispute.

This Order is hereby issued this 20th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION - AMENDED

Date: January 13, 2004

RE: MDR Tracking #: M5-04-0283-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer that has ADL certification. The Chiropractic physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

According to the supplied documentation, it appears that the claimant injured her shoulder and neck on ___ while throwing clothes into a large cart. The claimant reported that she originally tried to medicate herself, but after continual pain, she reported to ___ for evaluation. A MRI dated 03/17/2000 revealed disc protrusions at C3-4 and C4-5 with no significant encroachment. Another MRI of the shoulder revealed partial impingement syndrome with a partial tear of the supraspinatus tendon. The summary report from ___ states that the claimant underwent right open shoulder acromioplasty on 01/03/2001 and a cervical steroid injection on 01/17/2002. The claimant had cervical spine surgery in 02/2003, reportedly at the C5-6 level, but specific type of procedure was not listed. Therapy notes were submitted for therapy rendered between 04/14/2003 – 06/23/2003. The documentation ends here.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including spray and stretch exercises, therapeutic exercises, aquatic therapy, massage therapy and office visits rendered between 04/30/2003 – 06/23/2003.

Decision

I disagree with the insurance company and agree with the treating doctor that the services rendered between 04/30/2003 – 06/23/2003 are medically necessary.

Rationale/Basis for Decision

If the claimant had cervical spine surgery on 02/05/2003, then 6-8 weeks of post-operative therapy is considered reasonable and medically necessary. The type of therapy rendered is in line with current medical protocols and is shown to decrease patient's symptoms and help improve healing. If the operation performed on 02/03/2003 is considered part of the compensable injury, then the post-operative therapy is reasonable and necessary.